Blueprint Executive Committee Meeting
Minutes
May 10, 2011

Attendees

Name	Organization
Susan Besio	DVHA
Gerhild Bjornson	CIGNA
Mike Davis	BISHCA
Tracy Dolan	VDH
Andrew Garland	BCBS
Church Hindes	VNA
Pat Jones	DVHA
Steve Kimbell	BISHCA
Jim Leddy	AARP
Bill Little	MVP
Jenney Samuelson	DVHA
Richard Slusky	DVHA
Bill Warnock	Naturopathic Physician
Lisa Dulsky Watkins	DVHA
By Phone	
Don Curry	CIGNA
Paul Harrington	Vermont Medical Society
Craig Jones	DVHA
Charlie MacLean	UVM

The meeting opened at 8:35 a.m.

I. ***New Blueprint Team – Roles and Responsibilities***:

- Two Assistant Directors have been hired. Beth Tanzman comes to us from the Department of Mental Health where she served as Deputy Commissioner. Pat Jones comes to us from BISHCA where she served as the Director of Health Care Quality Improvement. Both Beth and Pat have strong relationships with key participants in Vermont's health care system, understanding of policy and will be tremendous assets to the Blueprint in its statewide expansion.
- The Blueprint team has now expanded to 7 full time employees.
    - Craig Jones, MD, Director
    - Lisa Dulsky Watkins, MD, Associate Director
    - Beth Tanzman, Assistant Director
    - Pat Jones, Assistant Director
    - Jenney Samuelson, Community Self Management Specialist

- Terri Price, Administrative Support, Healthier Living Workshop Statewide Coordinator
- Diane Hawkins, Executive Assistant

II. ***Statewide Expansion – Progress Update***

- Lisa Dulsky Watkins shared a map of the Blueprint Expansion. The Health Service areas have now been divided among the Blueprint staff. This approach will allow us to build strong relationships with project managers and practice facilitators and will allow each region to have a point of contact.
  - Jenney Samuelson will be the point person for the Rt. 7 corridor (Rutland, Middlebury, St. Albans, Burlington) and the newly added Upper Valley
    - Jenney reported that 3 of her HSAs are on target to have at least 2 practices NCQA scored by July 1.
    - An additional health service area, Upper Valley (Little Rivers) has just been added. The Blueprint is in the process of providing a grant to the Upper Valley. There is an FQHC in that service area which will serve as the local administrative entity.
  - Pat Jones will be the point person for North Eastern and North Central Vermont. (Newport, St. Johnsbury, Randolph, Morrisville, Barre)
    - St. Johnsbury and Barre were initial pilots and continue to be developmentally ahead of others. The local hospitals are the administrative entity for both of these sites.
    - Randolph, Morrisville and Newport are all in various beginning stages of development. Much effort is involved in getting these sites NCQA qualified.
    - Randolph has just signed an electronic health record contract.
    - The two most challenging issues for these health service areas continue to be Information Technology and sorting out staffing roles.
    - In order to engage as many practices as possible, Project Managers must outreach to every willing practitioner in their area.
  - Beth Tanzman will be the point person for Bennington, Mt. Ascutney, Springfield and Brattleboro.
    - Bennington is the most experienced of these communities with 7 practices now receiving payments.
    - Brattleboro is facing significant challenges due to large provider turnover. They are on target for having one practice NCQA recognized by July 1st but will most likely miss the legislative mandate of 2 recognized sites

by July 1. Having 3 hospitals (BMH, Grace Cottage and the Retreat) in this one health service area has been challenging.

- Expansion Highlights:
  - Information Technology continues to be challenging. There is a huge amount of work involved with implementing and effectively using an EMR. DocSite has increased their clinical training and number of personnel in order to meet practice needs.
  - Practice facilitators are now spread throughout the state. Jenney Samuelson has been spearheading this effort. Each practice will drive what is needed from their facilitator. Our facilitators are change management experts. One full-time practice facilitator has been hired to work with pediatrics.

- Other:
  - Steve Kimbell questioned the wisdom of broadening the Blueprint beyond the chronically ill. In our current economic state, how do we explain and justify the proposed expansion to politicians? Lisa responded that the Blueprint is now focused on "birth to earth". Projected savings remain the same. Prevention is part of the Blueprint process. We are trying to prevent chronic illness in adulthood. This process begins by working with our children. Community health teams are designed to work on specific community needs, i.e. obesity, asthma, ADHD, etc. Each medical home setting is designed to focus on at least 3 chronic care conditions as part of their NCQA PPC-PCMH recognition.
  - Jim Leddy asked where the community mental health issues lie with this plan. Much work is being done in this area now that we have Beth Tanzman on board. Each community will handle mental health differently, with many embedding mental health specialists into the community health team.
  - Evaluation work is ongoing. Utilization reports from VHCURES are being written now and are almost ready for review. We hope to have the report by the end of this month.
  - *CMS Multipayer Advanced Primary Care Practice (MAPCP) Demonstration*: This is a 3 year demonstration. We currently have conference calls with CMS three times a month. The format for baseline data is nearly complete. CMS has the data dictionary from DocSite and they are in the process of mapping to their own system. The projected start date continues to be October 1 however, CMS has agreed to back date to July 1, 2011.
  - *Workforce changes*: H.202 is the first legislation that addresses workforce challenges.

- *Financial Roll Out for Carriers:* Don Curry requested more detail as to when sites would be active and when funding would be needed. Pat and Lisa agreed to forward a summary statement of the roll out to Don Curry.

III. ***Community Health Teams – Expansion Status & Financial Support Strategy Options***:

- Currently carriers contribute equal share payments toward the cost of salaries for CHT personnel. Pat Jones presented three possible options for providing Community Health Team payments in the future.
  - Option One would be to continue the equal share payments. We must consider equity in this scenario with MVP having far fewer covered lives.
  - Option Two would be to estimate covered lives for each of the payers and come up with a formula for each. This would improve equity but is a very complicated, complex scenario.
  - Option Three would be a proportional share approach, or a hybrid of options One and Two. The idea would be to take the 4 larger payers and have them pay 2 shares with the smallest payer paying 1 share.
  - Bill Little suggested that one other option would be to ask each payer for their number of covered lives and then divide among the 5 carriers.
  - We currently project that there will be 29 CHTs at the end of 2 years.
  - Carriers are still trying to evaluate to see if they are getting value from the program.
  - MVP, BCBSVT and DVHA have agreed to begin working with Option #3 and will initiate a call if they have questions. Don Curry felt that payment options should not be debated in a public setting and has requested that a phone call with him be scheduled to discuss.

IV. ***Public Comment:*** None

With no further business, the meeting adjourned at 10:05 a.m.